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**** CONTINUING DATA ******* *JC*
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IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY JAPAN	SHEETS DRAWING 0	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Mat after Allowance				
Verified and Acknowledged <i>Jennifer Cho JC</i> Examiner's Signature Initials				

ADDRESS
7055

TITLE
Phospolipid derivative

FILING FEE RECEIVED 1030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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